

Medicaid & Exchange Advisory Committee (Board)
Meeting Minutes
August 24, 2020

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Committee Members Present

Lisa Draper
Devon Green
Gladys Konstantin
Sharon Henault
Rebecca Heintz
Helen Labun
Kirstin Murphy
Dale Hackett

DVHA Staff Present

Cory Gustafson
Addie Strumolo
Nissa James
Zack Goss

Other Interested Parties

Alicia Roderigue
Kelly Barnier
Alexandra Sosnowski
Susan Gretkowski
Betty Morse
Daisy Berbeco
Susan Aranoff
Sarah Peterson
Marjorie Stinchcombe
Jill Sudhoff-Guerin
Taylor Morrow
Sarah Teel

*This meeting was held by conference call only.

Documents

- Advisory Committee 8_24_20 Agenda.pdf
 - Advisory Committee PPT8_24_2020.pdf
- All are posted to the [Vermont Health Connect website](#).

Convene

Devon Green chaired the meeting. The Committee was informed that co-chair Erin Maguire sent her regrets for being unable to attend the meeting due an emergency conflict.

Roll Call, Quorum

Zack Goss, Health Care Training and Communication Manager

Approval of Minutes

Quorum was not present; therefore, the July 2020 meeting minutes could not be approved. Approval of the July 2020 meeting minutes will be brought forward as an agenda item for the September meeting.

November Meeting Date Discussion; Membership and Recruitment Update

Zack Goss, Health Care Training and Communication Manager

Please see *Advisory Committee PPT8_24_2020.pdf* slides 6-9 for more information.

The Committee discussed the November holiday and scheduling of the November Advisory Committee meeting to ascertain recommendations and member availability. The Committee will revisit the November meeting date at the September meeting after members have had an opportunity to review their schedules.

DVHA will continue to outreach to identified organizations for Committee recruitment. DVHA will review applications beginning September 8th with the intention of Commissioner appointments to be made by mid-late

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September. Current Committee members whose term expires in 2020 have been extended until the end of the Public Health Emergency period. Those members whose term expires in 2020 can reapply to serve on the Committee by completing the membership renewal application. Membership questions should be directed to Zack Goss, at Zachary.Goss@Vermont.gov.

Office of the Health Care Advocate: Feedback from Vermonterers

Marjorie Stinchcombe, Attorney

- Health Care Advocate (HCA) reports that they are not currently seeing an increase in the Access to Care (ATC) cases. HCA is seeing emergency situations related to dental issues.
- At the beginning of the Pandemic, the HCA received calls related to telehealth questions, but those have diminished.
- Expectation that when renewals and closures restart there will be an increase in ATC cases.
- Current concerns are mostly related to potential tax reconciliation confusion regarding Pandemic Unemployment Compensation (countable income for Qualified Health Plans (QHPs), but not Medicaid).
- Vermonters transitioning from Medicaid to Medicare during Public Health Emergency (PHE) has also been a challenge.

Lack of termination during PHE could lead to confusion re: tax credits awarded. If individuals are behind in payments, they could be responsible for the tax credits awarded due to lack of termination. Customer outreach efforts are being coordinated. Suggestion that messaging should first come from DVHA and then be coordinated across payers. Customer share of the premium can be paid up until tax time (Please note: DVHA will provide a response to this suggestion at September's meeting.)

Further Discussion

Meeting participants

- Continued challenges with individuals accessing specialist care
 - Factors include
 - Wait times for specialty care
 - COVID-19 related process changes (i.e. capacity limitations, sanitation requirements, etc.)
- Influenza vaccination administration
 - The Vermont Association of Hospitals and Health Systems has been informed that the supply of influenza vaccinations to Vermont has been delayed beyond what was anticipated.
 - The importance of influenza vaccination in promoting health is being communicated.

Provider Experience Re: COVID-19 & the Health Care System

Advisory Committee Members representing the Provider Community

Devon Green, Vice President of Government Relations, Vermont Association of Hospitals and Health Systems

- Hospitals lacking physical space to address necessary distancing

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- Need for testing supplies and rapid testing
- Staffing concerns, especially if family members have symptoms and staff need to stay home
- Concerns related to the interfacility transfer process
- Negative pressure capabilities in Emergency Departments (i.e., varies by hospital, concerns mostly smaller, critical access hospitals with less infrastructure to support COVID-19 requirements).

Kirstin Murphy, Executive Director of the Vermont Developmental Disabilities Council

- Hospital Association and Hospitals have helped allow hospital patients with developmental disabilities to be accompanied by a support provider.
- Many people feeling less stable, more anxious, mental health challenges without work and community access. Reminder of the number of people with developmental disabilities who also have chronic conditions and therefore, their risk is increased [for illness].
- Person Protective Equipment (PPE) shortage for people with disabilities; expectation of more help needed.
- Peer support through Green Mountain Self-Advocates has helped people with stability but limited consumers are connected.

Helen Labun, Director, Vermont Public Policy, Bistate Primary Care Association

- Federally Qualified Health Centers (FQHCs) – outside of dental, providers are reporting capacity to see patients and patients are “coming in.”
- Providers report that telehealth tools can help, but they have only been able to use one-on-one televisits and lack the ability to use and deliver more sophisticated methods of telehealth at this point in time. Complexity of tool integration across healthcare systems, implementation and reimbursement questions [not on the Medicaid side] add to the challenge of introducing more telehealth methods.
- Anticipating more interplay with socially progressive health issues i.e., food access and health care.

Jill Sudhoff-Guerin, Policy and Communications Manager, Vermont Medical Society

- Focus on coordination of testing and related coverage between providers and Vermont Department of Health (VDH).
- Return to school
 - Pediatricians ability to provide schools with information.
 - Reports of school staff seeking exemptions from returning to school.
- Positive feedback for DVHA re: Telehealth coverage and retainer program information and fast response.
- Many providers are applying for stabilization funds.
- Questions related to federal funding that flows through State channels & tax liability. DVHA has previously requested guidance from CMS regarding Provider Relief Fund payments and the definition of revenue type, including the impact on net patient revenue and implications for uncompensated

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care/cost reporting. Guidance has not yet been released on this topic; other states have also requested this information.

Additional comments

Mental health

- An Advisory Committee member shared that in the Northeast Kingdom, anyone new wanting services cannot be evaluated and must wait and that individuals in Community Rehabilitation Program (CRT) are getting bare minimum services.
- Hospitals saw a lull in mental health service delivery in the spring and are currently seeing increases to the point that there are backups due to COVID precautions and people having forgone care and getting closer to crisis.

DVHA Commissioner's Update: Enrollment, Legislative and Budget

Cory Gustafson, Commissioner (DVHA)

- FY'21 Budget Restatement: Continuation of FY'20 budget into FY'21. Legislature is currently reviewing potential FY'21 Budget.
- Currently, more Medicaid members enrolled
 - Without redeterminations or closures (unless requested), people are not coming off Medicaid; DVHA has observed an increase in the total number of enrolled households since February 2020.
 - Prior to February 2020, Medicaid enrollment had been experiencing a slow decline (compared to the current slow increase).
- Higher enrollment requires more dollars set aside for Medicaid. However, the Federal Government increased the Federal Medical Assistance Percentage (FMAP) funding by 6.2% which has covered the increase in caseload and utilization to date so DVHA has not had to change rates or services.
 - Administration cost increases mostly due to contract changes, including a delay to the IE&E premium processing project as a result of COVID-19 staffing pressures.
- FMAP funding
 - Increase in FMAP (6.2%) funding currently extended to end of 2020 calendar year due to Public Health Emergency.
 - If there is a further extension, it would likely go to the end of the Q1 2021 calendar year.

Addie Strumolo, Deputy Commissioner (DVHA)

- Enrollment growth since March: 9741 households (as of 8/22/20)
 - Not just people applying. Numbers also relate to programmatic changes related to not processing terminations, verifications and renewals.
 - Increased FMAP requires DVHA to not terminate unless a customer requests that their coverage is terminated.

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- The COVID-19 Special Enrollment Period (SEP) for Vermonters without health insurance ran for 5 months & ended August 14, 2020. There were approximately 800 enrollments into qualified health plans through that special enrollment period (out of 1,700 total qualified health plan special enrollment period enrollments during that period).
- Open Enrollment preparation
 - Planning for some Medicaid processes to restart:
 - Notify people for non-financial verifications (not necessarily result in termination if there is no response but will give individuals an opportunity to validate and continue coverage).
 - If the public health emergency ends in October (dependent on Federal declaration), DVHA does not plan to implement renewal or financial verification until after Open Enrollment in order to manage workload.
 - Department of Financial Regulation (DFR) is undertaking a study on the uninsured rate of Vermonters.

Nissa James, Health Care Director (DVHA)

- Commissioner Gustafson has already provided testimony on DVHA's FY'21 budget restatement for the House Committee on Appropriations, the House Committee on Health Care, and the Senate Committee on Appropriations. There is a narrative document that has been submitted and can be shared with Advisory Committee members if members would like to receive the budget restatement narrative.
- The first progress report on the Health Care Provider Stabilization Grant Program has been submitted to the [committees of jurisdiction](#).
- DVHA hopes its housekeeping initiatives (in H.728) are passed by the Senate during the time the Legislature is back in session. H.728 was passed by the House but did not progress beyond the Senate Committee on Health and Welfare prior to the Legislature's adjournment in June. The bill includes the statutory language change required for the Premium Processing project (an IE&E Program project).

Public Comment

No public comment.

Adjournment

The meeting was adjourned at 11:30 AM.

Next Meetings
September 28, 2020
October 26, 2020

Time: 10:00AM – 12:00PM

Site: Meetings will be convened through *Microsoft Teams* due to the State of Emergency produced by COVID-19 until further notice.

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Please visit the Advisory Committee website for up-to-date information:
http://info.healthconnect.vermont.gov/advisory_board/meeting_materials

Additional Information:
<https://dvha.vermont.gov/covid-19>

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